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ABSTRACT

All programs that are involved in training professionals have some experience with impaired trainees. A study was conducted to examine how different American Psychological Association (APA) approved pre-doctoral internship and graduate programs in psychology handle trainee difficulty and impairment. A 62-item questionnaire was completed by approximately 26% of the directors of training of internship and graduate programs in clinical, counseling, school, and scientific-professional psychology accredited by the APA. The results indicated that letters of reference were the most important consideration in admissions selection. The majority of programs (80%) assessed psychological suitability of applicants, although 96.52 percent of these programs did not use validated tests. The majority of programs reported the right of due process for trainees who were dropped; however, adequate due process procedures were in place for less than half of the reporting internship programs. Most of the programs reported having had impaired trainees within the past 5 years who had experienced emotional problems, academic deficiency, personality disorders, or social problems. Emotional therapy, termination, lighter work load, leave of absence, medical therapy, and transfer to another field were all used in resolution of the problems. Prevention strategies included supervision of clinical experience by faculty, assigning a faculty advisor for each student, and rating of faculty by students. The majority of APA internship programs had a non-proactive model. Complaints were made that letters of reference did not accurately describe strengths and weaknesses of applicants, possibly because of fear of legal defamation. Efforts to prevent impairment and to support impaired trainees are needed. (ABL)

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Trainee Impairment in APA Approved Internship and Graduate Programs[1]

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Running Head: TRAINEE IMPAIRMENT IN APA APPROVED INTERNSHIP AND GRADUATE PROGRAMS

Abstract

This study investigates the parameters involved in trainee impairment in psychology. All APA approved pre-doctoral internships and graduate programs were mailed a 62-item questionnaire. An overall response rate of 76.6% was obtained. It was found that the majority of programs (60%) assessed the psychological suitability of applicants. However, the most common factors associated with trainee impairment were psychological in nature. The findings suggest that selection procedures need reevaluation and that legal safeguards need to be implemented to ensure the usefulness of letters of reference. It was also found that the majority of internships do not have adequate due process procedures. The implications of these findings are discussed. In addition, the utilization of prevention strategies was found to be important in reducing impairment.

Trainee Impairment in APA Approved Internship and Graduate Programs

All programs that are involved in training professionals have some experience with impaired trainees. In the medical profession a plethora of literature exists on impairment. In the field of psychology very little research is available on this topic. In response to growing concerns voiced by psychologists responsible for developing training programs this paper presents the results of a brief survey that investigates how different APA approved pre-doctoral internship and graduate programs in psychology handle trainee difficulty and impairment. In addition, legalities involved in trainee dismissal and the communication of relevant information between graduate and internship programs on potential interns is outlined.

Method

Potential subjects included all internships (N=246), graduate programs in clinical (N=126), counseling (N=37), school (N=23), and scientific-professional (N=3) psychology that had been provisionally or fully accredited by APA as of December 1982. A 62-item questionnaire, informed consent form, cover letter, and stamped addressed return envelope were included in packets that were mailed to all potential subjects. Packets were mailed to all potential subjects on September 1, 1983. A second packet was sent to all non-respondents on November 23, 1983. In October

1983 all non-respondents received a reminder postcard requesting them to complete the questionnaire. A third packet was sent at random to one-quarter of the non-respondents on January 16, 1984.

Results

Our survey yielded an overall response rate of 26.6%. All of the questionnaires were completed by the director of training, or his/her representative. This paper presents the results of data collected from all 5 subject pools (with counseling, school, and scientific-professional combined into one group).

The mean number of trainees per site was 27.32 (S.D.=42.03). Approximately 91% of the total enrollment was made up of Caucasians (M=24.76, S.D.=37.71). Minority trainees comprising the remaining 9% as follows: Blacks M=1.62 (S.D.=3.16) or 5.93%, Hispanics M=1.28 (S.D.=2.72) or 4.67%, American Indian M=0.13 (S.D.=0.52) or 0.49%, and Asian and others M=0.61 (S.D.=2.33) or 2.27%.

In regard to admission selection procedures, letters of reference were ranked as the most important determinant in selecting applicants. The following is a list of other admission procedures that are presented in descending order of rank importance: Graduate Record Examination scores, personal interviews, written statement from applicant, grade point average, psychological test results, publications, Advanced Graduate Record Examination scores, and awards.

The majority of programs (80%) reported that they assessed the psychological suitability of their applicants. Yet

96.52% of the programs did not utilize objectively validated and standardized psychological tests of personality dynamics and strengths.

While the majority of the programs (68.36%) reported adequate and judicious means of assuring the right of due process to trainees who are dropped or deferred from continuing in the program, there was noticeable variability on this factor between the different programs. Specifically, 89.65% of clinical and 100% of the other graduate programs had adequate due process procedures. However, only 49.30% of the internship programs had established adequate due process procedures. Approximately 44% of the internship programs had established no formal procedures. Another 9.86% of the internships reported that there had been no need to develop anything yet. Approximately 12% described procedures that involved evaluation of trainees by faculty or supervisors. Seven percent of the internships relied upon their liaison with the degree granting institution to provide due process procedures. Only 23.94% of the internship sites reported formal, structured due process procedures. And only 14.08% included an appeal mechanism as an aspect of their due process procedures compared with 54.05% of clinical and 14.29% of other graduate programs.

Unlike due process procedures, no noticeable variability between program types was found on the provision of formally structured student grievance procedures involving a progressively expanding hierarchy of authorities. Overall, 91.03% of the

programs have established formal student grievance procedures. Some programs included an ombudsman as an integral part of this procedure while others referred the trainee to either a faculty member, supervisor, or advisor.

Respondents were asked to provide information on cases they felt were representative of the impaired trainee. For the purposes of completing the questionnaire, impaired was broadly defined as any physical, emotional, or educational deficiency that interfered with the quality of the intern's professional performance, education, or family life. The results obtained should be regarded cautiously since the observations were not independent and not all programs provided data for this portion of the questionnaire.

Approximately 75.93% of the programs reported having had impaired trainees within the past five years. The different items used to assess trainee impairment rates have yielded annual impairment rates ranging from 1.62% - 4.6%. Approximately 17% of the cases reported involved minority trainees. This amount exceeds the number expected given that minority trainees make up less than 10% of the total enrollment in these programs.

The most frequently cited factor associated with the trainee's impairment was emotional problems (60.97%). This was closely followed by academic deficiency (60.53%), personality disorders (53.33%), and social problems (50%). Other less frequently cited factors included physical illness (48.27%), maturity (40%), fatigue (33.33%), and drug and alcohol abuse (5%).

Resolution of cases was achieved by emotional therapy in 28% of the impaired trainees. Another 25.33% were resolved through termination. Other methods utilized included a lighter work load (12%), leave of absence (6.66%), medical therapy (5%), and transfer to another field (2.66%). Less than 2% of the cases of impaired trainees were resolved through academic remediation.

The most frequently cited prevention strategies used by these programs were supervision of clinical experience by faculty (90.43%), a faculty advisor for each student (79.13%), and rating of faculty by students (74.78%). The majority of programs also used seminars and classes to help prepare trainees for transition into professional roles, problem solving support groups, pre-doctoral field experiences, student representatives on faculty committees, a list of low cost therapists, and the provision of low cost health insurance. Other less frequently cited prevention strategies included emergency student loan programs, student ombudsman, provision of low cost child care, psychotherapy requirement for trainees, a couples support group, and a symposium on trainee impairment.

Internship programs (M=4.6%) had significantly higher impairment rates compared to clinical (M=1.82%) and other (M=1.6%) graduate programs ($F(2,100)=5.21, p .007$). In addition, 12 out of 17 prevention strategies were used significantly less frequently by internship programs in comparison to clinical and other graduate programs.

Discussion

A major finding was that the majority of APA approved pre-doctoral internship programs have a non-proactive model. They have also not established formal guidelines in dealing with impaired trainees and as a result due process is missing in many of our internship experiences. The lack of hierarchially structured appeals and grievance procedures most likely contributes to the stress experienced both by the impaired and non-impaired trainee and may interfere with the planning and execution of an effective rehabilitation program. While a few exemplary programs do exist that use independent psychologists to assess the competence of trainees under review; many of the surveyed programs do not meet the established standards set out in the APA accreditation guidelines for pre-doctoral internship programs in psychology (American Psychological Association, 1979). Implications of recent legal decisions (Veron, 1979; La Morte & Meadows, 1979) regarding due process procedures and student dismissals indicate the necessity for established formal due process procedures that include an appeals process and the evaluation of the trainee by a professional in the field who is not affiliated with the institution.

Given that the majority of the problems associated with the impaired trainees were of a psychological nature and that the most frequently reported strategy for intervention was via psychotherapy, it seems incongruent that objectively validated and standardized psychological test results are not frequently

used as an adjunct to the more subjective means currently being used by the majority of APA approved programs to assess the psychological suitability of applicants. In addition, many of the internship programs complained that letters of reference did not accurately describe strengths and weaknesses of potential applicants. The sharing of information between graduate programs and internship sites appears to be hampered by concerns of confidentiality and possible involvement in legal defamation suits. However, these concerns can be allayed by having applicants sign waivers for the right to review letters of reference and by using supplementary forms that ask for specific information deemed relevant to assessing the competence of an applicant. For example, "Has the applicant ever been brought before a review committee for a possible violation of established APA ethical standards for psychological providers? If yes, please describe the incident and the committee findings". Without such specific questions in combination with a waiver, supervisors, faculty, and advisors are limited in the type of information they may share with internship programs.

The majority of prevention strategies utilized by these programs revolved around improving lines of communication and feedback, and providing problem-solving support groups and classes to help prepare trainees for transition into professional roles. However, very few programs reported using a psychotherapy requirement or other means of establishing independent support groups as a means of preventing impairment. Research done

on impairment in the medical profession indicates that such support groups are the most effective coping mechanisms a trainee can have to mediate the stress inherent in the internship and graduate school experience (Looney, Harding, Blotcky, & Barnett, 1980). Educating our colleagues on the various aspects of impairment (such as diagnosis, prevention, and intervention) has also been underutilized.

It is suggested that the following measures be taken to ensure that the impaired trainees of today do not become the disabled psychologists of the future: educate the internship programs on the importance of providing adequate due process and grievance procedures; encourage the reevaluation of selection procedures currently being used to assess psychological suitability in applicants; encourage the use of supplementary information forms and waivers to promote letters of reference that accurately reflect trainee strengths and weaknesses: increase our awareness of prevention strategies that have been successfully applied to the problem of impairment by the medical field; and continue to support efforts to establish organized networks to deal with impairment in the field of professional psychology.

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Footnotes

[1]Thanks to be extended to Dean Wales and Dean Olmedo for aiding in the cost of mailing.

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